



CHILD ADVOCACY CENTER
of Fairfield County

INTERAGENCY AGREEMENT
AND
PROTOCOL

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INTRODUCTION

The mission of the Child Advocacy Center of Fairfield County (CACFC) is to ensure justice and healing for Fairfield County children subjected to sexual and severe physical abuse by rendering child-friendly, victim sensitive, family-centered services through a multidisciplinary team. It is our vision that children and families live in a safe and nurturing community, free of sexual and physical abuse.

This protocol addresses Fairfield County's commitment to maintain a collaborative, multidisciplinary team (MDT) response to the prevention, investigation, assessment, prosecution, and treatment of child sexual and severe physical abuse cases in the Fairfield County community. The child abuse targeted in this protocol includes the sexual abuse of a child under 18 years of age; and/or the severe physical abuse of a child under 18 years of age.

The CACFC adopts the Child First Doctrine, initially created by Corner House, as central to the training of members of the CACFC, and as essential to the operation and decision making of the CACFC. The Child First Doctrine states as follows:

The child is our first priority.

Not the needs of the family.

Not the child's "story."

Not the evidence.

Not the needs of the courts.

Not the needs of police,

Child protection, attorneys, etc.

The child is our first priority

Ann Ahlquist and Bobby Ryan, 1993

The CACFC's -Multidisciplinary team member agencies are:

- Fairfield County of Job and Family Services (FCJFS)
- Fairfield Medical Center (FMC)

- Fairfield County Prosecutor's Office
- Lancaster City Attorney's Office
- Fairfield County Sheriff's Office (FCSO)
- Lancaster, Pickerington and Baltimore Police Departments (LPD, PPD, BPD)
- Mid-Ohio Psychological Services
- New Horizons for Youth and Families

Individual treating mental health providers from any agency, guardians ad litem, probation officers, teachers and/or any other service provider for the child can be included in the MDT for a specific case.

The CACFC collaborates with schools, Fairfield County Courts, and other mental health and health providers whenever indicated to ensure that all children and families referred to the CACFC receive coordinated and collaborative services. Additionally, the CACFC will work with other community organizations to provide education and awareness services for the prevention of child sexual and severe physical abuse.

This protocol is offered as a guide to the CACFC to ensure a coordinated MDT response in child sexual and severe physical abuse cases, and as such it is recognized that the protocol cannot address every situation that may arise. In situations not specifically covered herein good judgment, adherence to MDT values of collaboration and communication, and consensus of the CACFC MDT shall determine the course of action that is most appropriate.

REFERRAL/INTAKE

In Fairfield County, all reports of alleged child sexual and physical abuse are made to Fairfield County Job and Family Services–Child Protection Services (FCJFS-CPS) and/or law enforcement agencies. In turn, all referrals to the CACFC are made by those same agencies, once the referral is determined to fit the following criteria:

- Child either resides in Fairfield County or was present in Fairfield County when alleged abuse occurred, is under 18 years or under 21 years if mentally handicapped, AND
 - Child has either verbally disclosed allegations of sexual or physical abuse, OR
 - Child has injuries suggestive of physical abuse, OR
 - Child has physical symptoms suggestive of sexual abuse, i.e., sexually transmitted disease, injury to the genital area, and/or unexplained redness or soreness, OR
 - Child displays age-inappropriate sexual behaviors such that the child needs to be assessed, OR
 - Guardian, relative, teacher, or other person in contact with the Child has a reasonable suspicion that the Child is the victim of sexual or physical abuse, OR
 - Child is a sibling or other child who has been in contact with the alleged abuser of any child satisfying any of the above criteria.

Child sexual abuse is defined as any offense that is codified under Chapter 2907 of the Ohio Revised Code.

The CACFC will accept referrals on children who witness abuse or violence or cases outside of Fairfield County (courtesy assessments) on a case-by-case basis.

CACFC staff and volunteers are mandated reporters and as such any disclosure made to CACFC staff or volunteers will be reported to Child Protective Services.

MDT assignments will vary by case but will always be assigned from the designated team

of case workers, medical and mental health professionals and law enforcement officers, all of whom have been specially trained in child abuse assessment and investigation.

Cases are referred to the CACFC for overall case coordination including the child risk and safety assessment, investigation, linkages to medical and mental health services, victim advocacy and support, and case review and case tracking. The MDT agrees that whenever feasible, all children will be interviewed or assessed -at the Center. When onsite interviews or assessments are not feasible, it is agreed that either the case worker or the law enforcement officer assigned to the case will refer the case to the CACFC within 24 hours of the intake using the referral process outlined below.

Referrals During Normal Office Hours

- Initiating agency (FCJFS-CPS or law enforcement) receives report of alleged child sexual or severe physical abuse. Per internal agency procedure case is assigned to case worker or law enforcement officer.
- [Initiating agency contacts a representative from the partner agency; CPS contacts appropriate law enforcement agency or their internal law enforcement officer, as a mandated reporter, calls the CPS hotline to make a referral.](#)
- Initiating agency worker notifies CACFC within 24 hours to schedule an assessment -and/or request case coordination services via completion of the CACFC Intake Face Sheet which is submitted to the CACFC by fax, email, or given directly to CACFC staff.

Referrals During Evenings and Weekends

- Referral is received by FCJFS-CPS after hours line or by -law enforcement through normal dispatch.
- FCJFS-CPS: If case is determined not to be a rapid response, case is assigned to case worker next business day and normal referral process applies.
- Law Enforcement: Uniform officer responds to call, and if case is determined to not be a rapid response, then officer generates a report per internal agency procedure, case is then assigned to an investigator the next business day and normal referral process applies.

The guiding principle for referrals not deemed rapid response is that the child is not interviewed by the first responder. The first responder's report is based on the observations, the reports of witnesses, any evidence at the scene that may be documented,

and any notes on the child's behavior, unsolicited statements and condition. The child abuse assessment is conducted as soon as possible at the Center by trained multidisciplinary team members.

Rapid Response Referrals

Rapid response referrals are those reports that require immediate action of one hour or less for those situations with one or more of the following factors:

- Alleged abuse occurred within 72 hours of referral
- Suspicious injury or medical necessity
- Imminent risk of further abuse, e.g. alleged perpetrator lives in child's home

The process for rapid response referrals is as follows:

- The agency that receives the initial referral will immediately contact the partner Agency per internal policy, to request worker assignment. (FCJFS-CPS paired with law enforcement).
- The assigned law enforcement officer or case worker will notify the CACFC immediately for scheduling the child interview or for case coordination services for referrals during normal business hours. The law enforcement officer or case worker may opt to notify the CAC Director to assist with referrals during evenings and weekends.

The CACFC Director or other staff are available for any rapid response referral when the MDT desires assistance in crisis intervention and supportive services for the child and family, regardless of where the assessment is conducted, including assessments at law enforcement offices, schools, or emergency rooms.

Collaboration and communication are key elements to successful MDT functioning. To that end all team members carry either cell phones or pagers. FCJFS-CPS maintains an after hours, on-call schedule that is shared with law enforcement and CACFC. Law enforcement agencies maintain an on-call rotation that is kept by the designated Officer in Charge. The CACFC Director or designee will maintain an on-call schedule that is shared with FCJFS-CPS and law enforcement.

CAC Intake Face Sheet

The Intake Face Sheet contains all the necessary information to schedule the child assessment and provide case coordination services including basic demographic information on child, parent/guardian, and alleged perpetrator; nature of allegation; and identification of child/family's special needs such as hearing impairment, physical disability or handicap, vision impairment, or language (non-English-speaking). CACFC staff and MDT will ensure that interpreters are available for the child and family assessments per procedures established by FCJFS-CPS and law enforcement.

ASSESSMENT / INVESTIGATION

CPS case workers, law enforcement officers and medical providers jointly assess and investigate allegations of child abuse as mandated by Ohio Revised Code 2151.421.

In these cases the role of law enforcement is:

- to determine whether or not there is evidence that a crime has been committed,
- to determine who the evidence indicates committed the crime,
- to collect evidence including the victim's statement through a developmentally appropriate interview of the child, statements from other witnesses, document the scene with photographs, collect physical evidence and
- to present information to the Prosecutor's office for decisions on prosecution.

The role of the CPS case worker is:

- to provide protection services for children,
- to provide treatment and rehabilitative services to children and their families by linking them with appropriate services,
- to provide a developmentally appropriate risk and safety assessment of the child.

The role of the P-SANE

- to obtain the medical history via the child interview,
- to observe all interviews while they are conducted and to work with the interviewer to obtain all necessary information through the interviews [or to review a CD of the interview within 48 hours of the interview taking place](#),
- to determine whether a medical examination is necessary,
- to document any physical injuries both through a written report and with photographs.

The role of the Doctor

- to perform the appropriate medical examination
- to make a diagnosis and report concerning findings.

The CACFC believes that the child's disclosure is a process. The process or opportunity for disclosure is enhanced when the child is assessed or interviewed in a neutral setting by case workers or law enforcement investigators who have been specially trained in developmentally appropriate risk assessment techniques and forensic interviewing. Thus, a key CACFC service is the provision of a neutral, family-friendly environment for children and families to be assessed. The Center has one room dedicated to this purpose, which is equipped with recording equipment. All CACFC assessments and interviews are recorded in the hope that recording will reduce the number of times a child has to speak about the traumatic event.

The MDT agrees that to the extent possible all child and family assessments and interviews are conducted at the Center. The MDT recognizes that there are times when assessments must be conducted elsewhere due to child safety issues and/or due to the nature of a rapid response. For those situations the CACFC will still be notified either before the assessment to provide crisis intervention and support services at the assessment location, or within 24 hours after the assessment to provide case coordination services.

Pre-Assessment / Investigation Procedures

- Cross reporting occurs between FCJFS-CPS and law enforcement prior to assessments and interviews, in accordance with Referral/Intake procedures. All known information is shared between the MDT, including CPS case workers and medical professionals and is also shared with CACFC staff whenever feasible.

The interview portion of the assessment procedure conducted at the CACFC is routinely recorded. The parent/guardian and the child are advised of this prior to the assessment with the explanation that the goal of recording is to minimize the number of times a child is spoken with. The parent/guardian signs the Acknowledgement of CACFC Procedures which outlines recording, photographing of child's injuries, medical examinations, team member observation, and team communication.

It is normal procedure for children to be assessed alone, with the parents not present. There are times when children will not separate from parents or agree to be interviewed without their parents. In these situations a parent/caretaker is allowed in the interview room with the understanding that he/she may not talk or in any way interfere with the interview. Parents are not permitted to observe the interview unless they are in the room.

Non MDT members are not allowed to observe interviews. The MDT team members are the only persons (other than parents as explained above or interpreters when needed) allowed in the interview room with the child.

Any special needs of the family such as interpreter services or handicap accessibility are arranged prior to the interview as explained in Referral /Intake.

Child and Family Assessments and Interviews

Typically, the assessment or interview of the child is conducted utilizing developmentally appropriate risk assessment and interviewing techniques. While the child is being assessed, CACFC staff provides education, crisis intervention, and support services to the parent/caregiver as indicated. The needs of the child and family are determined, including need for counseling, housing, protection orders, and financial assistance. CACFC staff is responsible for explaining confidentiality, information sharing within the team, and securing parent/guardian consent via the Acknowledgement of CACFC Procedures-. CACFC staff and/or a trained volunteer are also responsible for supervision of the child and family while they are in the Center's reception and play area.

When possible, a PSANE nurse will observe the interview portion of the assessment and will be able to communicate with the interviewer scheduled breaks in the interview. The history obtained from the child will be used in determining the extent of medical examinations and services to be provided. When a PSANE nurse is not available, a recording of the interview will be made and immediately taken to the FMC Emergency Department, and a PSANE will review the recording within 48 hours.

The assessment includes a medical examination if the P-SANE or other medical personnel determines that the examination is deemed necessary or if the child or family request an

examination be performed.

Per FCJFS-CPS rules all siblings and individuals residing in the child's home must be assessed. Additionally, law enforcement is required to assess all other alleged child victims identified in the course of the assessment. Sibling and additional victim assessments are conducted at the Center whenever appropriate. If law enforcement determines there are other possible victims of abuse, assessments of those children occur per the protocol.

Post Assessment Procedures

Once the CPS assessments are complete other members of the MDT may meet with the child and/ or non-offending parent/caregiver. The MDT will provide feedback on the nature of the assessment, and what are the next steps in the process to the child's caregiver. The CACFC Director may participate in this discussion providing there is CACFC staff available to sit with the child. If no staff member is available the Director will sit with the child, then immediately after the family leaves the Center the MDT and Director will have a brief post assessment conference to discuss the results and plan for the purpose of intervention, treatment and case coordination.

The P-SANE shall identify the need for medical services and the MDT shall identify the need for mental health services linkages at this stage. The medical professionals utilize the history gathered by the case worker to conduct the medical examination of the child. If mental health services are indicated the Director or CACFC staff works with the family to determine which mental health provider is most appropriate, the release of information is signed, and if possible, the referral is made immediately.

Suspect Interviews

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Alleged offender interviews are not conducted at the Center. These interviews typically are conducted at law enforcement offices per agency policy.

Under certain circumstances sexually aggressive children may be assessed at the Center. Decisions for these assessments are made by either the CACFC Director in consultation with the MDT on a case-by-case basis.

Alleged offenders identified in specific CACFC cases and convicted sexual perpetrators are not permitted onsite at the Center. Should this situation arise a CACFC staff or MDT member will initially separate the child/family from the alleged offender at the reception area, the alleged offender will be advised to leave the premises, and if necessary the assigned law enforcement officer will assist in removing the alleged offender from the premises or assistance with removal will be requested to law enforcement by calling 911.

The goal of this intervention is to be as discreet as possible, to ensure the child's and family's sense of privacy and safety while at the Center.

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Recordings

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The original recording is stored on a CD at CACFC. Copies are provided to team members when needed. One copy of every interview will be retained.

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MDT Decision Making

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The decision-making process during the assessment/investigation includes use of Case Review for total team input with the guiding principle that each discipline must make decisions in accordance with internal procedures and mandates. Law enforcement, in collaboration with the Prosecutor's Office, has primary decision-making responsibility for evidence collection during the investigation.

Client Confidentiality

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The child's and family's right to privacy and confidentiality is extremely important and must be maintained within the context of information sharing among team members to provide a coordinated response to all cases referred to the CACFC. In general, all MDT members follow their respective agency's mandates for client confidentiality. Additionally, CACFC procedures at the assessment stage are that the child and parent/guardian are educated on team communication, the parent/guardian signs off on the Acknowledgement of CACFC Procedures, which includes a consent for release of information.

All written and verbal communication from medical and mental health providers to the CACFC occurs per authorized, signed release of information generated and maintained by those providers.

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- Child has been exposed to a known sex offender
- Child has suspicious findings indicative of abuse as identified by a medical practitioner
- Whenever a child or parent has concerns about something being wrong with their (or their child's) body as a result of the abuse

In those cases where the criteria for an examination [are](#) not clear-cut, the PSANE nurse in consultation with other medical professionals will make the decision as to whether a medical examination is requested.

When there is suspicion or an allegation of sexual abuse, the non-offending parent/caregiver often chooses to take the child immediately to the emergency room for a medical examination. When this occurs, it is the responsibility of the ED staff at FMC to determine if the allegation or concern constitutes a medical emergency, e.g. the alleged sexual abuse incident occurred within 72 hours of arrival at the ED. If the case is determined to be a non-emergency, the ED staff will immediately report the allegations to FCJFS-CPS and make a courtesy report law enforcement per internal mandatory reporting protocols. If the child is seen in the ED, it is recommended that the ED forward the child's medical record to the PSANE nurse to facilitate a thorough medical examination and treatment. The CACFC Protocol for assessment and referral for medical examination is then followed as outlined below.

Non-Emergency Medical Exams

- The case worker or law enforcement law enforcement officer notifies the CACFC Director or other staff of the need for the examination, CACFC Director or other staff will document the request. Referral information consists of basic demographic data, reason for referral including allegation information and child's statement, pertinent history including medical history, and assigned case worker and law enforcement officer. Whenever possible this referral is made at the close of the initial child and family assessment.
- Appointment is scheduled, then both the parent/guardian and the referring agency (FCJFS-CPS or law enforcement) and the PSANE program are notified of the appointment date/time.
- CAC Director or designee meets the child and parent/guardian at the Center to facilitate the linkage and provide advocacy and support services as indicated.
- The FMC PSANE nurse has a history from the initial interview and takes additional verbal history from the child and the parent/guardian for the purpose of diagnosis of

possible illness or injury.

- FMC staff in conjunction with the wishes and needs of the child and parent/guardian determines who is in the examination room during the examination.
- Once the examination is completed FMC PSANE nurse provides verbal feedback to the child, parent/guardian and CACFC Director about the medical findings, any need for follow up treatment, etc. A written report of the medical history and examination findings is completed by FMC PSANE and medical provider and shared with the MDT at Case Review. Copies of the report are made available to the MDT and Prosecutor's Office as needed, per release of information signed by the parent/guardian.

Emergency Medical Exams

- FMC has primary responsibility for emergency medical examinations. The Center is available for emergency exams. Procedure for emergency examinations is as follows:

- P-SANE and other medical personnel determine need for emergency medical examination if child has not first presented in an ED with referral made immediately upon completion of the child and family assessment.
- Child is examined per internal hospital protocol for evidence collection utilizing a state of Ohio approved sexual assault evidence collection kit.
- The evidence kit material is given directly to authorized law enforcement personnel.
- Medical findings are documented per internal protocols and shared with the investigative team per appropriate signed release.

CACFC is available for consultation and follow-up evaluation of the child including colposcopic evaluation per referral from the ED.

Physical Abuse Medical Exams

- Trained medical personnel at the hospital ED or the child's primary care physician conduct medical evaluations of suspicious or alleged child physical abuse. The CACFC Director or MDT will make referrals and provide case coordination services as indicated. Procedures for documentation, release and sharing of information is the same as outlined for sexual

abuse medical exams.

Continuity of Care

The child's primary care physician is an integral part of the child's overall health and safety system and as such it is important that the MDT maintain communication with the primary care physician. Primary care physicians are encouraged to refer their patients to CACFC for all sexual abuse medical examinations and for any examination that can benefit from colposcopy. The guiding principle is that multiple medical examinations are avoided by ongoing collaboration and communication between the MDT members and the community's medical practitioners.

MENTAL HEALTH SERVICES LINKAGES

The Child Advocacy Center of Fairfield County in partnership with mental health providers in the Fairfield County community, agree to work collaboratively to ensure that all children and families in need of mental health treatment resulting from child sexual or severe physical abuse will receive such treatment in an expedient and professional manner. The mental health partners in this protocol include, but are not limited to the following providers:

- New Horizons for Youth and Families
- Mid Ohio Psychological Services

Each mental health provider agrees to provide and maintain current information regarding sliding fee scales and insurances accepted, including Medicaid, to the CACFC so that mental health evaluation and treatment is available to all CACFC clients regardless of ability to pay. Each mental health provider also agrees to provide quick access to services by making every effort possible to place CACFC referrals at the top of waiting lists when they exist.

All CACFC-related mental health services are provided off-site through signed linkage agreements with mental health providers. The linkage agreement addresses initiation of referral, confidentiality and release of information, and need for mental health provider to communicate to the CACFC new information that impacts prosecution/case resolution decisions. The linkage agreement stipulates that mental health records are the property of the mental health provider. A sample linkage agreement is included in this Protocol.

The CACFC staff is responsible for making the initial referral for mental health evaluation and treatment. Referrals are made with the parent/guardian's written consent via a signed release of information and preferably with the parent/guardian present.

Mental health service provider are key members of the CACFC's multi-disciplinary team, therefore representation by at least one mental health provider at bi-weekly Case Review meetings is required. All other mental health providers agree to attend meetings when invited to discuss specific cases.

In an effort to ensure that the best quality of services are provided to child victims of sexual and severe physical abuse the CACFC and mental health providers agree to collaborate on cross training staff on topics of mutual interest.

CHILD ADVOCACY CENTER
OF FAIRFIELD COUNTY

Linkage Agreement with _____
For Mental Health Referral, Evaluation and Treatment

The CACFC and _____, mental health provider, agree to collaboratively provide services to child victims of sexual and severe physical abuse to ensure justice and healing for all Fairfield County children and their families. Collaborative services will be provided as follows:

1. CACFC staff is responsible for making the initial referral for mental health evaluation and treatment. Referrals are made with the parent/guardian's written consent via a signed release of information and preferably with the parent/guardian present.
2. The mental health provider agrees to prioritize CACFC referrals by placing these referrals at the top of waiting lists when they exist, and when no waiting list exists reasonable efforts will be made to schedule evaluation within one week of referral.
3. The CACFC staff is responsible for notifying the mental health provider of scheduled Case Review meetings related to referred cases. (Note: for those providers who attend Case Review regularly this will be so noted in the Agreement).
4. The mental health provider agrees to maintain communication with the CACFC via signed release of information to ensure that all children and families in treatment receive every CAC-related service indicated. Examples include but are not limited to cases in which child doesn't disclose in the assessment but later discloses in therapy; cases in which criminal charges are filed against the perpetrator and court preparation services are required; and cases in which child discloses new information in therapy which impacts criminal prosecution decisions.
5. The mental health provider agrees to report all suspected cases of child sexual and severe physical abuse to Fairfield County Department of Job and Family Services and/or the appropriate law enforcement jurisdiction as that is the point of referral to access CAC services.

The CACFC believes in protecting the client's right to confidentiality. To that end the CACFC and _____ agree that all mental health records are the property of the mental health provider, records are maintained inside the mental health provider's offices, and records can only be accessed by the CACFC via authorized release of information signed by the child's parent/guardian.

Child Advocacy Center
of Fairfield County

Mental Health Provider

Date Signed

Date Signed

VICTIM ADVOCACY SERVICES

Victim Advocacy services are provided to all children and families referred to the CACFC. These services consist of crisis intervention, education regarding the assessment process

and the operation of the child protection system, support, personal advocacy services, transportation and accompaniment, and information regarding the rights of crime victims and information/assistance to apply for Victims of Crime Compensation; referrals and linkages to all identified services including court protection orders, medical and mental health services; court preparation and support; and supportive services for as long as the family needs, regardless of the outcome of the assessment. The guiding principle for victim advocacy services is that it is the connector or bridge between all the disciplines of the MDT and so provides the necessary continuity of care for children and families.

The MDT members for victim services are the CACFC Director, Victim Advocates from County, City and other agencies, and trained volunteers. Generally, the CACFC Director or other CACFC staff is primarily responsible for all linkages to medical and mental health services; accompanies child/ caregiver to the medical exam; makes other identified case service referrals such as for housing, public assistance, and transportation; and facilitates the non-offending parent support group. The Director and Victim Advocate are responsible for providing information and assistance to the family for application for Victims of Crime Compensation. Services are generally provided onsite at the CACFC but both staff conduct home visits and meet with children and families at court or other designated locations as indicated by the family's needs.

While all victim advocacy services are considered to be important and are always available to the child and family, the MDT believes that one of the most critical services is to link the child and family to mental health services as mental health is one of the key MDT disciplines for provision of long term healing for both the child and family.

CASE RESOLUTION

Case resolution decisions can occur at any point in the assessment process but typically decision-making occurs at bi-weekly case review meetings which allows for input from the entire MDT. The MDT believes that consensus provides the best action plan for cases. Team members agree that LPD, PPD, BPD and FCSO law enforcement officers, and the Fairfield County Prosecutor office and Lancaster City Attorney's Office have prosecution

decisions in their respective cases, and that FCJFS-CPS requirements for child safety and substantiation of abuse guide case resolution decisions. The guiding principle, as stated throughout this Protocol, is that ongoing collaboration and open communication between team members and between disciplines promotes good decisions and provides best practice interventions for children and families.

CASE REVIEW

The MDT meets for case review bi-weekly for two hours at CACFC. Team Members come from the following agencies:

- Child Advocacy Center of Fairfield County
- Fairfield County Department of Job and Family Services
- Fairfield Medical Center
- Fairfield County Prosecutor's Office
- Lancaster City Prosecutor's Office
- Fairfield County Sheriff's Office
- Lancaster Police Department
- Pickerington Police Department
- Baltimore Police Department
- New Horizons for Youth and Families
- Mid-Ohio Psychological Services

Additionally, other service providers working with a child and family can be invited to Case Review as warranted.

The CACFC Director is responsible for formulating a bi-weekly meeting agenda of cases that are in the investigative stage. The agendas are e-mailed or faxed to the MDT members one week prior to the meeting. Agendas are emailed or faxed to other invited service providers, who are required to sign the "Confidentiality Statement" at each meeting they attend. Due to the confidential nature of the meetings, the agendas and other paperwork associated with the meetings are not subject to disclosure through public records requests.

The purpose of Case Review is to share information so that appropriate, coordinated action plans and decisions, including service needs and referrals, are made on all child sexual and severe physical abuse cases referred to the CACFC. The CACFC Director keeps a record of the case review staffing which states the nature of the case, case status, action plan, and need, if any, for additional review. Cases are reviewed repeatedly until all case resolution decisions are made. A case is considered closed to Case Review once all case resolution decisions are made and all referrals/linkages are secure.

CASE TRACKING

Case tracking is a core CAC service provided by the CACFC to ensure that all referred cases are monitored throughout the assessment, investigation, and prosecution process, and that all linkages are documented. The CACFC utilizes a computerized database system that tracks the following:

- Child and family demographics – age, ethnicity, gender, disability
- Alleged perpetrator demographics – age, ethnicity, gender
- Nature of abuse, child's allegation
- Referral for medical exam and outcome
- Referral for mental health services – to whom, was referral successful
- Case service disposition – case substantiated, child placed outside of home
- Court disposition, criminal and/or juvenile – charges filed, conviction/adjudication, offender classification
- Case review summary – meeting dates, outcomes, case status as open/closed

A case is tracked until all services have been provided and there is case resolution. Case resolution occurs either through case closure at FCJFS-CPS or final court disposition in criminal or juvenile court.

The majority of case tracking data is captured at the point of referral, at the point of the child and family assessment or interview, and at Case Review meetings.

The CACFC staff is responsible for all case tracking including data entry. Other MDT members may have access to the data via a “read only” capability or through routine reports provided to the MDT.

TRAINING PROTOCOL

The Child Advocacy Center of Fairfield County believes that all MDT members must have the necessary skills and training to provide “best practice” interventions for all children and families served at the CACFC. To that end the following are the standards and expectations for MDT training.

- All case workers and law enforcement officers who conduct child assessments or interviews are required to have completed a minimum of one (1) training course on interviewing children that includes training on child development. The preferred training curriculum is either the five (5) day training provided by Childhood Trust, Cincinnati Children's Hospital or the 2 ½ day statewide training

curriculum provided by the Ohio Network of Children's Advocacy Center (ONCAC). When case workers or law enforcement officers assigned to the MDT have not yet been trained, those staff agree that they will not take the lead in the child assessment or interview, and instead will defer to the MDT member who has completed the required training.

- Assessment and interviewing training is recommended for all other CAC Team members to promote sound understanding of the investigation process.
- Team members are required to attend a minimum of one (1) MDT training annually with the recommendation to attend at least two to three specialized trainings per year. The preferred training format is one (1) multi-day, MDT national or regional conference. The CACFC commits to allocating a portion of its annual budget to MDT training for all CACFC MDT members.
- The CACFC, in collaboration with MDT member agencies, will organize and provide at least one (1) topic-specific training annually.
- The CACFC MDT meets monthly, outside of Case Review meetings, for the purpose of cross training, team development, peer review, and for discussion of any issues that affect team functioning. Team members sign up to present information of mutual interest to the Team on such topics as prosecution, testifying, medical diagnosis, mental health interventions, etc. Additionally, outside speakers are invited to present on topics of interest to the team including topics that enhance cultural competency and sensitivity.